

Health Department, City of Baltimore.

Permit No.

A 1071

Office of Registrar of Vital Statistics.

Ward

17th

The Physician who attended any person in his illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Kelly Pinovich

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 2 Months, 17 Days.

Color, white ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1738 Hanover Street

Cause of Death, { First (Primary), Moratorium
Second (Immediate), Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, July 10, 1887

{ Undertaker, Bernard Harle }

{ Place of Business, 115 West St }

J. K. Wiley

M. D.

Medical Attendant.

Address, 405 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1072

Office of Registration of Vital Statistics.

Ward 174

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 8, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kattee Henry

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 9 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1707, S Charles

Cause of Death, { First (Primary), Second (Immediate), } Cholera Sustentum

Duration of Last Sickness, by weeks

All the above information should be furnished by the Physician.

Place of Burial, 3rd New Cathedral

Date of Burial, July 10 1887

{ Undertaker, Bernard Hale

{ Place of Business, 113 West St

Theodore Dohle M. D.

Medical Attendant.

Address, 578 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1073

Office of Registrar of Vital Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bridget O'Day

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 8 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. } over no 171 N Front

Cause of Death, { First (Primary), Cholera infantum
Second (Immediate), Convulsions }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 9th

Undertaker, Wm J Schaeffer Gross Bros M. D.

Medical Attendant.

Place of Business, # 8 S. Front St Address, 711 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physician is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1074 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death, July 8th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Hill.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, Days

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 15 mos.

Place of Death, { Give Street and Number. } 104 W. Biddle St.

Cause of Death, { First (Primary), Cholera Infantum
Second (Immediate), Spur. Hydroceph.

Duration of Last Sickness, about 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 9th, 1887

{ Undertaker, J. B. Cook

M. D.

Medical Attendant.

{ Place of Business, 1003 W. Baltimore Address, 106 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[GWRB.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1075 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Fallon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 72 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give Street and Number. } Addison Alley #405, residence

Cause of Death, { First (Primary), Lost his life by a sand bank falling upon him while working under it. Second (Immediate), }

Duration of Last Sickness,

(On Fulton ave)

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 9/87

L. S. Spangler

M. D.

Medical Attendant
Coroner

{ Undertaker, J. B. Cook

{ Place of Business, 1003 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A. 1076 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David C. Stearns

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 50 Years, 5 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Boston, Mass.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1413 W. Lombard St.

Cause of Death, { First (Primary), Chylous Infarction
Second (Immediate), Feculent

Duration of Last Sickness, 26 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 10

Undertaker, J. B. Cook

Place of Business, 1005 W. Baltimore St.

Address, 345 Charles St.

Medical Attendant,

Thomas Sherry M. D.

[OVER.]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

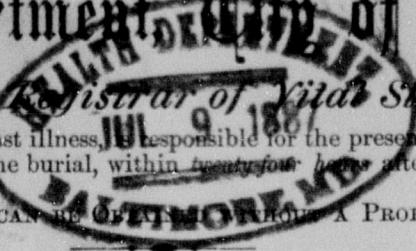
Permit No. A 1077

Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Paul Santoni

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, Years,

9 Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation, nil

Birth Place, { State or country, and how long in the United States, } if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

lifetime

Place of Death, { Give Street and Number. }

300 Albemarle
cholera infantum

Cause of Death, { First (Primary),

Second (Immediate),

asthma

(about)

Duration of Last Sickness,

7 days

(about)

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's C. C.

D. Scott

M. D.

Date of Burial, July 8 1887

Medical Attendant,

Undertaker, Zad. O'Brien

Address,

408 7. Calor

Place of Business, 302 W. Gay

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1078

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 8, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Pauline Mitchell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months 3 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime —

Place of Death, { Give Street and Number. } 401 Payson St (8)

Cause of Death, { First (Primary), Gastroenteritis —
Second (Immediate), }

Duration of Last Sickness, 4 1/2 —

All the above information should be furnished by the Physician.

Place of Burial, ~~Holmes~~ Cemetery

Date of Burial, July 10/87

{ Undertaker, Denny & Mitchell

{ Place of Business, 1201 W. Fayette Address, 1521 W. Fayette St

C. C. McDowell M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1079 Office of Registrar of Vital Statistics. Ward 12²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

July 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Jane Gordon
Fenale

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Seventy One Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Balto

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All the time

Place of Death, { Give Street and Number. }

12 31 Druid Hill Av

Cause of Death, { First (Primary), Second (Immediate), }

Interstitial Nephritis
Heart Failure

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 9/87

{ Undertaker, Remey & Mitchell }

{ Place of Business, 1201 W Fayette }

A.C. Solo

M. D.

Medical Attendant.

Address, 2102 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

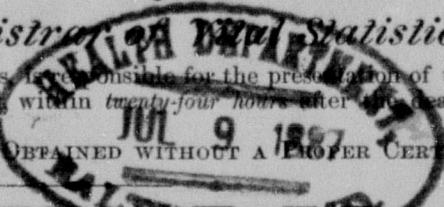
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1080 Office of Registration Statistics. Ward 10²

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A MORTER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 9^a 1887 Emma J. Pruitt

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 10/87

{ Undertaker, Denny & Mitchell

{ Place of Business, 1201 W Fayette

M. D.
M. D.
Medical Attendant.
Address, 140 Lincoln Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]